

Memorandum

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- x
1199 SEIU UNITED HEALTHCARE WORKERS EAST,

Plaintiff,

PORT JEFFERSON HEALTH CARE CENTER,
a/k/a GLENHAVEN,

08 Civ. 00398 (cm)

Defendant.
----- x

Judgment


It is hereby ADJUDGED AND ORDERED that Defendant Port Jefferson Health Care Center a/k/a Glenhaven ("Glenhaven") shall pay to the 1199/SEIU Greater New York Pension Fund ("Pension Fund"), 1199/SEIU Greater New York Benefit Fund ("Benefit Fund"), 1199/SEIU Greater New York Education Fund ("Education Fund"), 1199/SEIU Greater New York Job Security Fund ("Job Security Fund"), 1199/SEIU Greater New York Child Care Fund ("Child Care Fund"), and 1199/SEIU Greater New York Worker Participation Fund (together, the "Funds") the amount of \$261,188.74 plus interest at the rate of 2% per annum from January 14, 2008 until the amount is received by the Funds; and it is further

ADJUDGED AND ORDERED that the Clerk of the United States District Court, Southern District of New York, is authorized to enter judgment accordingly.

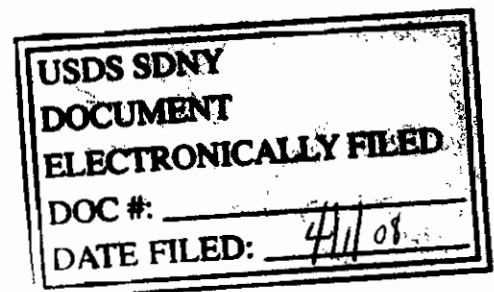
Dated: New York, New York

~~March 31, 2008~~

4/1/08



United States District Court Judge



McMorton

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

----- X
1199 SEIU UNITED HEALTHCARE WORKERS
EAST,

Plaintiff,

PORT JEFFERSON HEALTH CARE CENTER
A/K/A GLENHAVEN,

08 Civ. 00398

(en)
~~1199~~

Defendant.

----- X

Consent to Judgment

Plaintiff 1199 SEIU UNITED HEALTHCARE WORKERS EAST
("Plaintiff" or "Union") and Defendant Port Jefferson Health
Care Center a/k/a Glenhaven ("Glenhaven") hereby agree to the
following:

1. This Court has jurisdiction over this matter pursuant
to 29 U.S.C. § 185(a).
2. Glenhaven is bound by the collective bargaining
agreement between the Union and the Long Island Healthcare
Association, a multiemployer bargaining association. That
collective bargaining agreement requires Glenhaven to pay
contributions to the 1199/SEIU Greater New York Pension Fund
("Pension Fund"), 1199/SEIU Greater New York Benefit Fund
("Benefit Fund"), 1199/SEIU Greater New York Education Fund
("Education Fund"), 1199/SEIU Greater New York Job Security Fund

("Job Security Fund"), and 1199/SEIU Greater New York Child Care Fund ("Child Care Fund") (together, the "Funds").

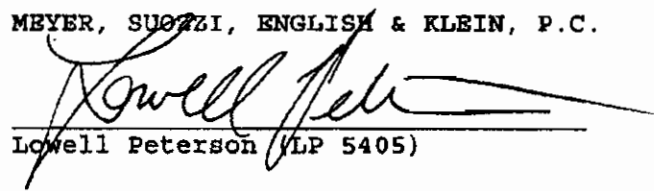
3. In an Award dated December 14, 2007 Arbitrator Martin F. Scheinman, Esq. directed Glenhaven to pay the Funds the following amounts plus interest at the rate of 12% per annum from January 14, 2008 until payment is received:

Benefit Fund	\$ 193,352.49
Pension Fund	\$ 54,218.89
Education Fund	\$ 4,539.12
Child Care Fund	\$ 4,539.12
Job Security Fund	\$ 2,269.56
Worker Participation Fund	\$ 2,269.56
TOTAL	\$ 261,188.74

4. Glenhaven hereby consents to immediate entry of judgment against it for \$261,188.74 plus interest at the rate of 12% per annum from January 14, 2008 until the amount is received by the Funds. A form of judgment is attached to this Consent Judgment.

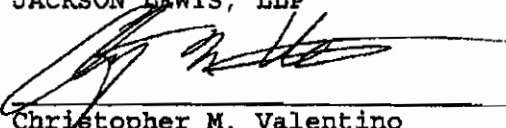
Dated: March 31, 2008

MEYER, SUOZZI, ENGLISH & KLEIN, P.C.


 Lowell Peterson (LP 5405)

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So Ordered:

U.S.D.J.

**United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213**

Date:

In Re:

-v-

Case #:

()

Dear Litigant,

Enclosed is a copy of the judgment entered in your case.

Your attention is directed to Rule 4(a)(1) of the Federal Rules of Appellate Procedure, which requires that if you wish to appeal the judgment in your case, you must file a notice of appeal within 30 days of the date of entry of the judgment (60 days if the United States or an officer or agency of the United States is a party).

If you wish to appeal the judgment but for any reason you are unable to file your notice of appeal within the required time, you may make a motion for an extension of time in accordance with the provision of Fed. R. App. P. 4(a)(5). That rule requires you to show "excusable neglect" or "good cause" for your failure to file your notice of appeal within the time allowed. Any such motion must first be served upon the other parties and then filed with the Pro Se Office no later than 60 days from the date of entry of the judgment (90 days if the United States or an officer or agency of the United States is a party).

The enclosed Forms 1, 2 and 3 cover some common situations, and you may choose to use one of them if appropriate to your circumstances.

The Filing fee for a notice of appeal is \$5.00 and the appellate docketing fee is \$450.00 payable to the "Clerk of the Court, USDC, SDNY" by certified check, money order or cash. No personal checks are accepted.

J. Michael McMahon, Clerk of Court

by: _____

, Deputy Clerk

APPEAL FORMS

Docket Support Unit

Revised: April 9, 2006

-V-

NOTICE OF APPEAL

civ. ()

Notice is hereby given that

(party)

hereby appeals to the United States Court of Appeals for the Second Circuit from the Judgment [describe it]

entered in this action on the _____ day of _____, _____
(day) (month) (year)

(Signature)

(Address)

(City, State and Zip Code)

Date: _____

() _____
(Telephone Number)

Note: You may use this form to take an appeal provided that it is received by the office of the Clerk of the District Court within 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

FORM 1

**United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213**

-V-

**MOTION FOR EXTENSION OF TIME
TO FILE A NOTICE OF APPEAL**

civ. ()

Pursuant to Fed. R. App. P. 4(a)(5), _____ respectfully
(party)
requests leave to file the within notice of appeal out of time. _____
(party)
desires to appeal the judgment in this action entered on _____ but failed to file a
(day)
notice of appeal within the required number of days because:

[Explain here the "excusable neglect" or "good cause" which led to your failure to file a notice of appeal within the required number of days.]

(Signature)_____
(Address)_____
(City, State and Zip Code)

Date: _____

() _____
(Telephone Number)

Note: You may use this form, together with a copy of Form 1, if you are seeking to appeal a judgment and did not file a copy of Form 1 within the required time. If you follow this procedure, these forms must be received in the office of the Clerk of the District Court no later than 60 days of the date which the judgment was entered (90 days if the United States or an officer or agency of the United States is a party).

APPEAL FORMS

Docket Support Unit

Revised: April 9, 2006

FORM 2

**United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213**

-V-

**NOTICE OF APPEAL
AND
MOTION FOR EXTENSION OF TIME**

civ.

()

1. Notice is hereby given that _____ hereby appeals to
(party)
the United States Court of Appeals for the Second Circuit from the judgment entered on _____.
[Give a description of the judgment]

2. In the event that this form was not received in the Clerk's office within the required time

(party)
respectfully requests the court to grant an extension of time in
accordance with Fed. R. App. P. 4(a)(5).

a. In support of this request, _____ states that
(party)
this Court's judgment was received on _____ and that this form was mailed to the
(date)
court on _____
(date)

(Signature)_____
(Address)_____
(City, State and Zip Code)

Date: _____

() _____
(Telephone Number)

Note: You may use this form if you are mailing your notice of appeal and are not sure the Clerk of the District Court will receive it within the 30 days of the date on which the judgment was entered (60 days if the United States or an officer or agency of the United States is a party).

APPEAL FORMS

Docket Support Unit

Revised: April 9, 2006

FORM 3

**United States District Court
Southern District of New York
Office of the Clerk
U.S. Courthouse
500 Pearl Street, New York, N.Y. 10007-1213**

-----X
-V-
-----X

AFFIRMATION OF SERVICE

civ. ()

I, _____, declare under penalty of perjury that I have
served a copy of the attached _____

upon _____

whose address is: _____

Date: _____
New York, New York

(Signature)

(Address)

(City, State and Zip Code)

APPEAL FORMS

Docket Support Unit

Revised: April 9, 2006